

# EXHIBIT 6

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND  
(Northern Division)

LAUREN SEARLS

Plaintiff

v.

JOHNS HOPKINS HOSPITAL

Defendant

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Case No.:

1:14-CV-02983-CCB

The videotape deposition of CLYDE C.

RICHARD, Ph.D., P.E., taken on Thursday, June 18th,  
2015, commencing at 9:59 a.m., at the law offices  
of Brown, Goldstein & Levy, LLP, 120 East Baltimore  
Street, Suite 1700, Baltimore, Maryland 21202,  
before Sharon A. Beaty, Notary Public.

Reported by: Sharon A. Beaty, CSR

1 finish my questions before you begin answering.

2 And the last is that if you need a break at any  
3 time, just let us know, okay?

4 A Okay.

5 Q Where are you employed?

6 A CED Technologies, Inc.

7 Q And what is CED Technologies, Inc.?

8 A CED Technologies, Inc. is a forensic  
9 engineering company located headquarters in  
10 Annapolis with offices in other places.

11 Q And what do you mean by forensic  
12 engineering?

13 A We investigate primarily, investigate  
14 and reconstruct accidents of various types,  
15 everything but airplane crashes.

16 Q How many professionals does CED employ?

17 A About 40.

18 Q How much of your work -- well, strike  
19 that.

20 Is, is the firm, is the firm's work  
21 entirely litigation support?

1           A       It's actually a very fun thing to teach,  
2       it's getting engineers to price out with interest  
3       and inflation and payments a, a project.

4           Q       And you list on your CV your areas of  
5       expertise.

6           A       Yes.

7           Q       Which, if any, do you regard as relevant  
8       to this case?

9           A       Human factors.

10          Q       Okay. And what, what is human factors?

11          A       Human factors is designing products that  
12       are user friendly, and one of the best examples I  
13       can maybe give is the car. Back in the '70s you  
14       bought a car and the front seat went forward and  
15       backward and that was all, and if you were short  
16       you sat on a pillow. Today a car seat goes forward  
17       and backward, up and down, tips, is heated, is  
18       cooled, and the steering wheel adjusts too, so we  
19       have made that compartment user friendly, so we're  
20       designing products not forcing a person to learn  
21       how to use them or be comfortable with them, we're

1 Q Have you ever done any contracting work  
2 for a health care institution, that is hospital,  
3 nursing home, that type of entity?

4 A I've done some products, some health  
5 products, but I can't think specifically of an  
6 institution that I've worked for.

7 Q What health products have you worked on?

8 A I do Hoyer lift cases, I do wheelchair  
9 cases and I've done some other health products.

10 Q When you say Hoyer lift, what is that?

11 A Hoyer lift is a bed lift, it's -- you  
12 bring it up to a bed and you harness a person and  
13 pull them up out of the bed and set them in a  
14 wheelchair. I've done five or six of those.

15 Q And those are either negligence or  
16 products liability cases in which the allegation is  
17 that a patient was injured because of some  
18 negligent act or defect in the lift?

19 A Yeah, the wheel fell off the lift or the  
20 harness broke or the patient wasn't put in right  
21 and fell out of the lift, sure, that kind of case.

1 Q And you said you also have done some  
2 wheelchair cases. What, what are those?

3 A I do a fair amount of cases for a  
4 company called EZ Lock. They make a lockdown  
5 system for handicapped vans that the chair locks  
6 into.

7 Q And I take it those cases are  
8 circumstances in which the wheelchair user is  
9 injured in an accident and there's some claim that  
10 there was some defect in the lock?

11 A Yes, they're claiming the lock released  
12 prematurely and the guy drove the car into a  
13 barrier or he came loose as a passenger, sure.

14 Q Other than those have you done any work  
15 for health care institutions?

16 A Yeah, I think of one now, I did a  
17 hospital bed case in Florida, a guy climbing over  
18 the side of a hospital bed in Panama City.

19 Q And what was the nature of that claim as  
20 it related to your work?

21 A The claim was that the bed railing was

1 loose, it was -- a bolt was missing in the bed  
2 railing and that allowed him to get over the bed  
3 railing.

4 Q And you, you did a, I noticed you did a  
5 case here I think involving a, some sort of lamp.

6 A A lamp?

7 Q With a surgeon. Give me a moment. I  
8 think it was you. Mary Clark versus Eric Chang.

9 A Oh, the Chang case, that's doctors,  
10 yeah, I did that, and another thing coming back to  
11 memory, I did a case for GE where their, their big  
12 lights in the operating room fell off the track and  
13 landed on a patient during surgery. GE was my  
14 client. I did a case, I remember crawling around a  
15 floor in a hospital where they told me not to upset  
16 the patient, I think I was looking at the  
17 slipperiness of the floor. Somebody claimed they  
18 slipped on the floor. That was in a hospital.

19 Q And the Chang case was specifically  
20 whether the, a physician would know that the lamp  
21 was too hot?

1           A       Yeah, he, he had a practice of setting,  
2       setting on the patient a cauterization device and  
3       for some reason this thing malfunctioned and burned  
4       the patient.

5           Q       Okay. So none of those cases that  
6       you've just talked about involving doctors and  
7       health care institutions had to do with evaluating  
8       whether a health care practitioner could perform  
9       his or her job?

10          A       True.

11          Q       Have you ever -- well, let me -- I take  
12       it you're not a doctor?

13          A       I'm a doctor, but not that kind of  
14       doctor.

15          Q       Not a medical doctor?

16          A       True.

17          Q       And not an osteopath?

18          A       True.

19          Q       Just to rule that out. And you're not a  
20       nurse?

21          A       True.



1 Q And you've never supervised medical  
2 doctors?

3 A True.

4 Q And you've never supervised nurses?

5 A Also true.

6 Q And you've never been responsible for  
7 patient care?

8 A True.

9 Q How do you know in this case  
10 specifically what Ms. Searls would have been doing  
11 had she been hired by Johns Hopkins University?

12 A I was allowed to go on Halsted 8 and  
13 look at a mirror image of Halsted 8, which was  
14 Halsted 4, and Halsted 4 was a functioning  
15 operation, and observe at that time what the nurses  
16 were doing and what the nurses' station consisted  
17 of and what the room consisted of.

18 Q How long were you there?

19 A Probably an hour, hour and a half maybe,  
20 between the two floors.

21 Q Okay. And at the time you went to

1 Halsted 8 it was not in use any longer, correct?

2 A No, it was -- it was still there, the  
3 walls were still up, the rooms, you could, you  
4 could figure out the rooms, you could figure out  
5 the nurses' station, the flow of things, but it was  
6 being renovated.

7 Q Do you know American Sign Language?

8 A No, I don't.

9 Q Have you ever worked with anyone who  
10 uses American Sign Language as his or her primary  
11 mode of communication?

12 A Many years ago, but I was not signing,  
13 they were, they were signing, within the group they  
14 were signing.

15 Q Did you have an interpreter?

16 A No.

17 Q How did you know what the person was  
18 signing?

19 A We were drawing, we were drawing  
20 sketches on the wall actually. The guy, I had a  
21 house built one time and the carpenter was deaf and

1 he and I communicated via sketches on the wall.

2 Q Did that work out okay?

3 A Yeah.

4 Q The house came out looking the way you  
5 wanted it?

6 A Pretty much.

7 Q In terms of what the carpenter did?

8 A Yeah.

9 Q Did you do any research in, in respect  
10 to this case about how American Sign Language is  
11 used in communications?

12 A No, nothing specific.

13 Q Have you done any research in any other  
14 case about how American Sign Language is used in  
15 communications?

16 A No.

17 Q Do you know anything about deaf  
18 education?

19 A Only what I have been able to read.  
20 I've done a little looking on the Internet but  
21 nothing very specific.

1 Q What did you learn in, in your looking  
2 on the Internet?

3 A Well, I certainly know about the famous  
4 school in Washington that is, that is deaf,  
5 Gallaudet I guess, and I have observed over my  
6 life, I've observed deaf people communicating with  
7 each other and with speaking people.

8 Q Until this case have you ever been  
9 offered as an expert in any matter involving a deaf  
10 individual?

11 A No.

12 Q Have you ever done any research on  
13 employment of deaf individuals in any regard?

14 A No.

15 Q And again, I'm sorry, I may have asked  
16 you this, but you never, you never worked, you've  
17 never worked with a deaf person?

18 A No, not in any, any capacity.

19 Q I saw in your notebook a list of  
20 publications that you have authored over the years.

21 A Yes.

1 Q Are any of them related to health care  
2 institutions?

3 A No.

4 Q Are any of them related in any fashion  
5 to deafness?

6 A No.

7 Q So none of them, and I don't remember  
8 all of them, I remember looking and seeing  
9 something about nuclear power plants.

10 A The early ones, yes.

11 Q Does any of them relate in --  
12 specifically to this case?

13 A No.

14 Q What did you review in connection with  
15 your work in this case?

16 A Reviewed expert reports by people other  
17 than us, University of Rochester people, reviewed  
18 those quickly, and that was really all other than  
19 reviewing the literature I brought here, which I  
20 think there's five specific pieces of equipment  
21 that we were told would be on Halsted 8 and would

1 Q Give me a moment to find my copy. First  
2 of all, I note on the cover that you were assisted  
3 by someone named Jerry Brock.

4 A Yeah, Garry. Yeah, Garry Brock. He's  
5 a --

6 Q Garry, I'm sorry.

7 A -- fairly new employee to CED. He's a  
8 Ph.D. from Cornell in biomechanical engineering.

9 Q And what did Mr. Brock do in connection  
10 with your report?

11 A He visited the hospital with me the same  
12 day I visited the hospital and he researched  
13 actually the documents that are sitting here, 1  
14 through 5, references of various pieces of hardware  
15 that would be used on Halsted 8.

16 Q Okay. So you sort of indicated a stack  
17 of paper, those are the operating manuals for  
18 various pieces of equipment?

19 A Yes, we referenced I think on page,  
20 starting on page 7 we reference respiratory  
21 equipment, infusion pump, Kangaroo pump. These are

1 the manuals for that hardware.

2 Q Okay. Has, to your knowledge has  
3 Dr. Brock -- first of all so we're clear, he is a  
4 Ph.D., correct?

5 A Yes.

6 Q He's not a medical doctor?

7 A True.

8 Q And to your knowledge has he ever been a  
9 nurse?

10 A No. He has spent a lot of time at  
11 hospitals though because part of his program was in  
12 New York City I believe at Columbia Presbyterian or  
13 something like that.

14 Q And what did he do at that institution?

15 A I think he's a bone guy, I think his  
16 Ph.D. had something to do with bone, bone growth or  
17 gluing bones back together or something like that.

18 Q Do you know if he supervised any medical  
19 personnel at Columbia Presbyterian?

20 A I don't know either way, I don't.

21 Q Are you relying on any expertise he has

1 in the supervision of medical personnel?

2 A No.

3 Q Are you relying on any expertise he may  
4 have developed in the provision of health care?

5 A No.

6 Q Does he sign?

7 A No. I don't think so.

8 Q Okay. Is he deaf?

9 A No.

10 Q Start there.

11 A No.

12 Q Okay. Is it your understanding that  
13 Ms. Searls is deaf?

14 A Yes.

15 Q Who told you that?

16 A I probably read that in the complaint.  
17 At least she's audio limited. I don't know if  
18 she's a hundred percent total or just restricted.

19 Q Okay. Did any of the folks at Hopkins  
20 with whom you spoke ever express any doubt about  
21 Ms. Searls being deaf?



1 any of that.

2 Q Okay. The next sentence says that JHH's  
3 evaluation showed that even with a full-time  
4 interpreter Ms. Searls would have limitations that  
5 may have serious results in a hospital setting.

6 What is that statement based on?

7 A That was based on our review of the  
8 technical stuff in this case, that, that the, with  
9 her audio difficulties the hundred percent signer  
10 would have to know some of the stuff in these  
11 books.

12 Q Okay. That's not what that sentence  
13 says though.

14 A Well, essentially it says that. I mean  
15 she would have certain limitations in a hospital  
16 setting.

17 Q No, sir, it says JHH's evaluation showed  
18 that even with the full-time interpreter Ms. Searls  
19 would have limitations. What interpret -- what  
20 evaluation by Johns Hopkins Hospital were you given  
21 or told that demonstrated that even with an

1 interpreter Ms. Searls would have limitations that  
2 may have serious results in a hospital setting?

3 A I think I would have picked that up in  
4 Maria's report, that was the Hopkins input.

5 Q So that's not your opinion?

6 A No, not really, no. I'm just a hardware  
7 guy here.

8 Q That's, that's fine. I just want to  
9 make sure.

10 A Okay.

11 Q So you won't be offering an opinion as  
12 to whether with an interpreter, with a full-time  
13 interpreter Ms. Searls would have limitations that  
14 may have serious results in a hospital setting?

15 A Looking at the hardware I would suspect  
16 that but I won't say specifically I've evaluated  
17 that aspect.

18 Q Okay. Do you have any qualifications  
19 that would allow you to determine to a reasonable  
20 degree of probability as to whether Ms. Searls  
21 working with a dedicated interpreter would have

1 limitations that would have serious results in a  
2 hospital setting?

3 A No, I haven't done research in that  
4 area, I really haven't.

5 Q Okay. So you won't be offering -- the  
6 sentence is in your report but you won't be  
7 offering that opinion at trial?

8 A True.

9 Q On page 3 of the report you refer, sort  
10 of down four lines from the bottom of the text,  
11 it's above the picture -- it's this page, Doctor.

12 A Yeah, I got it.

13 Q Okay. What is the, what you describe as  
14 a code machine?

15 A It's in the room, it's a small unit in  
16 the room, nurses use it to call for assistance.  
17 It's usually at the head of the bed I believe in a  
18 patient room. It's a nurse-to-nurse audio system.

19 Q Okay. And is it a nurse-to-nurse audio  
20 system that requires -- well, strike that.

21 Is it a, a system through which

1 individuals can speak or is it only a buzzer or  
2 something?

3 A I think it's both. I can see a, a  
4 speaking port but I think it's both.

5 Q And is it your understanding that the  
6 code machine is something that a nurse in the room  
7 would use to summon assistance from others?

8 A Yes.

9 Q Where is the other end of the code  
10 machine, that is, you know, where is the buzzer or  
11 voice heard?

12 A I can't tell you specifically but I  
13 think it's in the nursing station down at the, in  
14 this case I think the nursing station was in the  
15 middle of the hall.

16 Q But you're not certain?

17 A No, I didn't push the button to see who  
18 came running.

19 Q And you didn't have Dr. Brock hang out  
20 at the nursing station and then push the button to  
21 see whether he could hear it?

1 A No, I didn't.

2 Q And you didn't do that in Halsted 4  
3 either, the mirror image?

4 A True.

5 Q Okay. And Halsted 4 was still in use as  
6 a, there were patients on it?

7 A Oh, it was hustling and bustling when I  
8 was there.

9 Q Hopkins is a busy place.

10 A I was amazed how big it is.

11 Q It says the second device was a pull  
12 cord located within the in-room lavatory, on that  
13 same page.

14 A Yes.

15 Q What, when, when someone pulls the cord  
16 what happens?

17 A You get both a visual and audio to the,  
18 to communicate to a nurse that you have difficulty  
19 and they need to come help you.

20 Q Okay. And where is the visual output?

21 A I don't know if the visual is outside

1 the room itself, blinking outside the room or in  
2 the nurses' station or both.

3 Q Would that be significant in your  
4 opinion?

5 A No.

6 Q Why not?

7 A Because I'm just looking at the audio  
8 part. Visual is something that if you have your  
9 back turned you have no input. I mean if you are,  
10 if it's, if it's outside the room, a flasher  
11 outside the room and you're looking down the hall  
12 the other way you, you wouldn't respond to it. If  
13 it's audio and it's outside the room and you hear  
14 audio you would turn. And oftentimes audio is the  
15 first step to a visual. You get an audio then a  
16 visual. I mean the audio will attract you to a  
17 visual.

18 Q Okay. So they record or register  
19 simultaneously?

20 A Sort of like my alarm clock, I get the  
21 audio and then I look at oh, my God, it's 6

1 certainly it's, I think anybody would understand  
2 that situation, that if you put me in a room and I  
3 can't go out of the room then I can't go down the  
4 hall and be in another room. I mean that's --

5 Q I guess actually --

6 A I don't have to be an expert to be that,  
7 I --

8 Q Well, I guess if -- you don't need --  
9 but, but you have no expertise in what other  
10 functions nurses perform on Halsted 8 or performed  
11 on Halsted 8?

12 A Only what I saw when I was there. They  
13 were moving around everywhere, but that's all.

14 Q But you don't know what they were doing?

15 A No, I didn't, I didn't quiz them, no, I  
16 didn't.

17 Q Okay. And you don't have -- I mean I  
18 guess is your opinion to a reasonable degree of  
19 some sort of scientific certainty?

20 A Sure. We usually use the word  
21 engineering certainty, reasonable degree of

1 engineering certainty, it's just above the  
2 conclusions.

3 Q Well, specifically I'm asking whether  
4 your conclusion that there could be some impact on  
5 patient well-being is to a reasonable degree of  
6 engineering certainty?

7 A Yeah, I think so.

8 Q And what is it in your engineering  
9 background that allows you to come to a conclusion  
10 about what will and will not impact on patient  
11 well-being?

12 A That you can't be doing two things at  
13 the same time. You can't be in my room and you  
14 can't be sitting at a monitor in another room at  
15 the same time unless somehow you can cut yourself  
16 in half and put half your body in one place and  
17 half your body in the other.

18 Q Okay. Well, that's, the fact that you  
19 can't be in two places at once doesn't require  
20 expertise, does it?

21 A No, I guess not.



1 Q Ordinary jury can figure that out?

2 A I would hope so.

3 Q Okay. And there's nothing particular in  
4 the field of engineering about you can't be in two  
5 places at once, correct?

6 A I can't think of a calculation in that  
7 regard, but in a general sense I guess that would  
8 be something, if everybody in the jury can figure  
9 it out I guess even an engineer could figure it  
10 out.

11 Q And the same for human factors I mean.

12 A True.

13 Q I want to go to your conclusions, if, if  
14 I could. And here you, you do say, you do say they  
15 are to a reasonable degree of engineering  
16 certainty. And I want to go to number 3. We've  
17 discussed most of your opinions but number 3 says a  
18 nurse lacking the ability to hear an audio signal  
19 would only be able to know that a patient was  
20 requiring attention by sitting full time in front  
21 of a monitor in the nurses' station, do you see

1 Q Okay. Well, if you turn to page -- I'm  
2 sorry, the last page. Opinion 7, or conclusion 7.  
3 Isn't implicit in that conclusion that with an  
4 interpreter Ms. Searls would be able to effectively  
5 operate as a nurse?

6 A No. I mean I haven't evaluated that. I  
7 mean that sentence says without a full-time skilled  
8 language. That doesn't mean that I've done a study  
9 with a full time -- I haven't done that study  
10 anyway.

11 Q Okay. So you don't have an opinion on  
12 whether with an interpreter Ms. Searls would be an  
13 effective nurse?

14 A Right. I don't know if the converse of  
15 7 is true.

16 Q Okay. How much time have you devoted,  
17 not counting today, how much time have you devoted  
18 to this case, approximately?

19 A Not an awful lot, I have to say, let me  
20 see, Hopkins is not that far from me, 12 hours,  
21 maybe 15 hours.